

RELINQUISHMENT**(Out of State)****(Birth Mother and/or Presumed Father)****(Parent Identifying Adopting Parent(s))**

Upper Section of this Form is to be completed and Signed by
California Agency Prior to Sending Out of State.

On this _____ day of _____, 19_____,

the _____
AGENCY NAME

hereby signifies its willingness to accept the annexed relinquishment
and to accept said child for adoption.

By _____
AUTHORIZED AGENCY OFFICIAL

I, the _____ of _____, a minor
We,

_____ child, born _____, _____, _____
SEX DATE CITY STATE

do hereby relinquish and surrender said child for adoption to

☐

AGENCY NAME

☐

CALIFORNIA STATE DEPARTMENT OF SOCIAL SERVICES

ADDRESS

ADDRESS

CITY

STATE

CITY

STATE

TELEPHONE NUMBER

TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption. It is my/our intention that the agency place the child for adoption with _____. If the agency does not place the child in this home or if the child is removed from the home before the adoption is granted, the agency will notify me/us. If I/we receive such notice, I/we will have thirty days from the date of the notice to either rescind the relinquishment and reclaim the child, rescind the relinquishment and select another home for the child or place the child in a home that the agency selects. I/We fully understand that in all other circumstances when this relinquishment is filed with the headquarters office of the Adoptions Branch of the California Department of Social Services by said agency, all my/our rights to the custody, services and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

The foregoing instrument was signed on _____ by the said
DATE

_____ in the presence of us,
who have signed the same as witnesses thereto.

WITNESS

WITNESS

STATE OF _____ }
County of _____ } ss.

On this _____ day of _____, 19_____, before me, _____
an authorized official of the _____

an organization licensed or otherwise approved to provide adoption services under the laws of _____, personally appeared _____ known
STATE
to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she /they executed the same.

AUTHORIZED AGENCY OFFICIAL

TITLE